

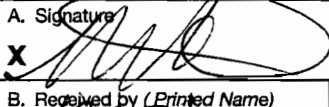
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece,



Prison Health Services, Inc.
105 Westpark Drive
Suite 200
Brentwood, TN 37027

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent
☒ Addressee
 B. Received by (Printed Name) M. Shaver C. Date of Delivery 4-30-07
 Address different from item 1? ☐ Yes
 delivery address below: ☐ No

3. Service type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2:07cv351-MEF (encl order)

2. Article Number 7005 1160 0001 2962 1980
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M 1540